

15342

State File No. _____

FILED APR 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>216</u>		PRIMARY REG. DIST. NO. <u>6022</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Ray</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Knoxville</u> c. LENGTH OF STAY (In this place) <u>3 1/2 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles West Millville</u>				2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Knoxville</u> d. STREET ADDRESS (If rural, give location) <u>3 miles West Millville</u>			
3. NAME OF DECEASED (Type or Print) <u>John D. Thompson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 1953</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>December 14, 1902</u>		9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR: Months <u>3</u> Days <u>24</u> If UNDER 1 Mth. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Eric Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Maranda Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>Thompson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Eldon Thompson</u>		18. ADDRESS <u>Richmond, Mo.</u>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home; farm; factory; street; office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4222</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>April 5, 1953</u> and that death occurred at <u>2:45 P.M.</u> from the causes and on the date stated above.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		23. SIGNATURE <u>E. C. Gray</u> (Deputy or Title) _____	
23a. SIGNATURE _____		23b. ADDRESS _____		23c. DATE SIGNED <u>4-12-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE <u>April 10, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Home</u>		24d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley Home</u> ADDRESS <u>364 West Lake</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 8, 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. Raymond Krone</u>		364 <u>West Lake</u>		FURNISHED EMBALMER'S STATEMENT ON REVERSE SIDE	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

MAY 13 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4064

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.